

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		2-17-00
CLASSIFIER		70605	4/16/00
VIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3
2	4
3	✓
4	✓
5	✓
6	✓
7	0
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10	0
11	✓
12	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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